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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

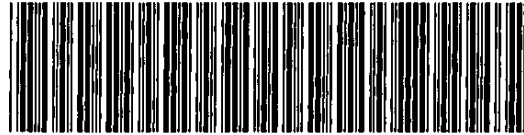
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/29/07--01048--030 \*\*1061.25

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAY 29 AM 11:14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OURTIME, LP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

TRACI CRAIG  
(Contact Person)  
ANDERSON BUSINESS ADVISORS  
(Firm/Company)  
20819 72ND AVENUE SOUTH, SUITE 110  
(Address)  
KENT, WASHINGTON 98032  
(City, State and Zip Code)

For further information concerning this matter, please call:

TRACI CRAIG at ( 800 ) 706-4741  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☒ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (01/06)

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**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. OURTIME, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.*

2. 2515 CARTER GROVE CIRCLE, WINDERMERE, FLORIDA 34786  
(Street address of initial designated office)

3. JAN W. WILLIAMS  
(Name of Registered Agent for Service of Process)

4. 2515 CARTER GROVE CIRCLE, WINDERMERE, FLORIDA 34786  
(Florida street address for Registered Agent)

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

6. 2515 CARTER GROVE CIRCLE, WINDERMERE, FLORIDA 34786  
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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8. Name and business address of each general partner:

Name:

Business Address:

ISLA TIEMPO, INC.

2515 CARTER GROVE CIRCLE

WINDERMERE, FLORIDA 34786

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 17TH day of MAY, 2007

Signature of each general partner:

Jon H. Williams

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**

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